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FILED
Feb 11, 1999 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02-11-1999 90003 004 ****150.00

DOCUMENT # M46126

1. Corporation Name
CARIBE HOMES CORP.

Principal Place of Business

14260 SW 119 AVE
MIAMI FL 33186-6023
US

Mailing Address

14260 SW 119 AVE
MIAMI FL 33186-6023
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1987

4. FEI Number

59-2771491

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTINEZ, EMILIO F.
14260 SW 119 AVE
MIAMI FL 33186

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME MARTINEZ, CARLOS E.
STREET ADDRESS 14260 SW 119 AVE
CITY-ST-ZIP MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VP
NAME MARTINEZ, MARIANA
STREET ADDRESS 14260 SW 119 AVE
CITY-ST-ZIP MIAMI FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME MARTINEZ, EMILIO F.
STREET ADDRESS 14260 SW 119 AVE
CITY-ST-ZIP MIAMI FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DVP
NAME MARTINEZ, RAUL A.
STREET ADDRESS 14260 SW 119 AVE
CITY-ST-ZIP MIAMI FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE AS
NAME MARTINEZ, FERNANDO I
STREET ADDRESS 14260 SW 119 AVE
CITY-ST-ZIP MIAMI FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VP
NAME MARTINEZ, EMILIO J
STREET ADDRESS 14260 SW 119 AVE
CITY-ST-ZIP MIAMI FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/99 (305) 233-6776

CR2E034 (11/98)